Name in Full: Cappitti Basilio

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Little Culvert; County: Alle

Date of death: Month: 5; Day: 7; 1904

Age: Years: about 30; Months; Days

Sex: Male

Color or Race:

Birth-place: Italy

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Drowned

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D E Neal

Address: Corner

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Henrietta Bates Col

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbl — County:

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Year	Age	Months	Days
190 4	5	24		56		

Sex: Female

Color or Race: Black

Birthplace:

Occupation: Housewife

Where Residing if not at place of death: Cumb

Married, ~~Single, or Widowed~~

Name of Wife or Husband: Beecher Bates

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Beecher Bates

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera morbus

How long: 48 hours.

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. H. Hawkins

Address: Cumberland Md.

Accident or Suicide?

LIBRARY MUHLAU A88516

Name in Full: Elizabeth Beall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904; Month: May; Day: 25; Age: Years: 56; Months: 4; Days: 13

Sex: Female; Color or Race: White; Birthplace:

Occupation: —; Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Widowed; Name of ~~Wife or~~ Husband: Alpheus Beall

Father's Name: James Smith; Father's Birthplace: U. S.

Mother's Maiden Name: Mary Hoffman; Mother's Birthplace: U. S.

Name of person giving Imformation: Mrs. Nora Beall; How related to deceased: Sons wife

CAUSES OF DEATH

Primary: ; How long:

Immediate: Senility.; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. Lee Franklin, M.D.

Address: Cumberland, Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Son of Lewis A. Berkenbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Borden Mine — County: Allegany

Date of death: Month: 5 — Day: 24 — 1904

Age: Years: — Months: — Days: 2

Sex: M. — Color or Race: W. — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Lewis A. Berkenbaugh — Father's Birthplace: Md

Mother's Maiden Name: Eva Kyper — Mother's Birthplace: Kirkland

Name of person giving Information: Father — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorrhage from bowel. — How long: 2 Days.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. M. Lane M. D.

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A66016

7. Cd

Name in Full: Gilmore Biggs

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death 1904 — Month: May — Day: 4 — Years: 72 — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Va

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Gilmore Biggs — Father's Birthplace: Va

Mother's Maiden Name: Annie Allen — Mother's Birthplace: Va.

Name of person giving Information: Edward F Allen — How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Septicemia — How long: 5 days

Immediate: Convulsions — How long: 4 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E B Eleyn M D

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Agnes Gertie Broad

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Borden Shaft County: Allegheny

Date of death 1904 Month: 5 Day: 19

Age: Years: 2 Months: 8 Days: 19

Sex: Female Color or Race: White Birthplace: Borden Shaft

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Conrad Broad Father's Birthplace: Allegheny

Mother's Maiden Name: Jennie Mason Mother's Birthplace: —

Name of person giving Imformation: —

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convultions How long: 1 hour

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. F. P. Adams

Address: Middletown Md.

Accident or Suicide?

LIBRARY BUREAU A66516

77 CV

Name in Full: Child of William Brown

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frostburg — County: Allegany

Date of death 1904 — Month: 5 — Day: 12 — Age — Years: — Months: — Days: 6 hrs

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: William Brown — Father's Birthplace: W. Va

Mother's Maiden Name: May Neff — Mother's Birthplace: Md

Name of person giving In formation: William Brown — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Premature. — How long: About 7 Mos

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. O. McLane M. D.

Address: Frostburg Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Cora Irene Bucey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Cumberland; County: Allegany

Date of death: 1904; Month: May; Day: 12; Age: Years 19; Months 10; Days 19

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Laundress; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Burton B Bucey; Father's Birthplace: Md

Mother's Maiden Name: Mary Huff; Mother's Birthplace: Md

Name of person giving Information: Della Bruce; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis; How long

Immediate: How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo L Broadrup M.D.

Address: Cumberland Md

Accident or Suicide? No

LIBRARY BUREAU A6816

Name in Full: Clarence B. Carpenter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Cumberland | Town | County: Allegany

Date of death	Month	Day	Years	Months	Days
1904	May	4	Age 30	9	20

Sex: Male | Color or Race: White | Birthplace: Md

Occupation: Laborer | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Gertrude Burkett

Father's Name: B. N. Carpenter | Father's Birthplace:

Mother's Maiden Name: Olivia Christman | Mother's Birthplace:

Name of person giving Information: Gertrude S Carpenter | How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: measles | How long: 2 weeks

Immediate: Pulmonary Tuberculosis & Phthisis | How long: 1 year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Blaylock M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A0S518

Name in Full: Carmelo Caselli.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Little Bulout — County: Allen

Date of death: Month: 6 — Day: 7 — 1904

Age: Years: about — Months — Days

Sex: Male — Color or Race — Birthplace: Italy

Occupation: Laborer — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowned — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. E. O'Neal

Address: Coroner

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Still born Infant

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: J-	Day: 2nd	Age — Years	Months	Days: 1
Sex: M	Color or Race: W		Birthplace: Cumb
Occupation: —	Where Residing if not at place of death: —
Married, Single or Widowed: —	Name of Wife or Husband: —
Father's Name: Reed Shaver	Father's Birthplace: Md
Mother's Maiden Name: Miller Rice	Mother's Birthplace: Md
Name of person giving Information: —	How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth	How long: —
Immediate: Exhaustion	How long: 2 hrs.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: W F Twigg
	Address: Cumberland Md
Accident or Suicide? No	

LIBRARY BUREAU A88818

Name in Full: Wm Sheldon Chism

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumb — County: Allg

Date of death: Month: May — Day: 5 — Year: 1904 — Age: 23 — Months — Days

Sex: male — Color or Race: White — Birthplace: Md

Occupation: Brakeman — Where Residing if not at place of death:

Married, Single or Widowed: Singe — Name of Wife or Husband: —

Father's Name: Jas. Chism — Father's Birthplace:

Mother's Maiden Name: Mrs Chism — Mother's Birthplace:

Name of person giving Information: Wallace S Crouse. — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Appendicitis — How long: 4 days.

Immediate: Peritonitis — How long: 36 hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A J Hawkins.

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charles Clary

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Town: Cumbd County: Alleg.

TO BE ANSWERED BY NEAREST FRIEND

Date of death	190X	Month: May	Day: 24	Age: 65	Months: — Days: —
Sex: m	Color or Race: w	Birthplace: U.S.			
Occupation: Musician	Where Residing if not at place of death: —				
Married, Single or Widowed: Wid.	Name of Wife or Husband: —				
Father's Name: —	Father's Birthplace: —				
Mother's Maiden Name: —	Mother's Birthplace: —				
Name of person giving Information: John Clary	How related to deceased: Brother				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General break down	How long: 1 yr	
Immediate: Exhaustion	How long: 1 mo	
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: A H Brace	
	Address: Cumbd Md	
Accident or Suicide?		

LIBRARY BUREAU A88316

Name in Full: Stillborn Clarke

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumb'd — County: Allg

Date of death 190X — Month: May — Day: 8 — Age — Years: — Months: — Days: 1

Sex: male — Color or Race: White — Birthplace: Cumb'd

Occupation: none — Where Residing if not at place of death: —

Married, Single or Widowed: S — Name of Wife or Husband: none

Father's Name: Preston Clarke — Father's Birthplace: Va

Mother's Maiden Name: Miss Lizzie Thos — Mother's Birthplace: Va

Name of person giving information: — — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Protracted labor — How long: 14 hours

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. H. Brace

Address: Cumb'd

Accident or Suicide?

LIBRARY BUREAU A6U51G

Name in Full: Emma Collins

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Mt Savage — County: Allg

Date of death: Month: May — Day: 12 — Year: 1904 — Age: 23 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Pa

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Silas Collins — Father's Birthplace: Pa

Mother's Maiden Name: Martha Bennett — Mother's Birthplace: Pa

Name of person giving Information: Silas Collins — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 3 or 4 years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr F L Conroy

Address: Mt. Savage Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Ida Bernadetta Conlin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt. Savage — County: Allegany

Date of death 190 4 — Month: May — Day: 14 — Age — Years: 15 — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Scottdale Pa.

Married, Single or Widowed: Single — Occupation: School-girl

Name of Wife or Husband:

Father's Name: Thomas Conlin — Father's Birthplace: Mt Savage Md

Mother's Maiden Name: Melvina Elizabeth Smith — Mother's Birthplace: Cumberland Md

Name of person giving Information: Robt. P. Conlin — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis & double Suppurating Parotids — How long: 8 weeks

Immediate: Exhaustion — How long: 6 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Lucas

Address: Mt. Savage Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Margaret Lowry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Savage — County: Ally

Date of death: Month: May — Day: 16 — 1904

Age: Years: 71 — Months: 9 — Days:

Sex: Female — Color or Race: White — Birthplace: Mt Savage

Occupation: — — Where Residing if not at place of death: Barton Md.

Married, Single or Widowed: Married — Name of Wife or Husband: Timothy Lowry

Father's Name: Josiah Logsdon — Father's Birthplace: Mt Savage

Mother's Maiden Name: Mary Lowry — Mother's Birthplace: Pa

Name of person giving Information: T. L. Lowry — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchio. Pneumonia — How long: 2 weeks

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. T. L. Lowry

Address: Mt Savage Ally Co Md

Accident or Suicide?

LIBRARY BUREAU A28816

Name in Full: Mary Curley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frostburg — County: Allegany

Date of death 1904 — Month: 5 — Day: 12

Age — Years: 37 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Married — Occupation: St. N.

Name of Wife or ~~Husband~~: Patrick Curley

Father's Name: John Stughes — Father's Birthplace: Ireland

Mother's Maiden Name: Katherine Murphy — Mother's Birthplace: Ireland

Name of person giving information: Patrick Curley — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac insufficiency — How long: 15 Years

Immediate: Cardiac Failure — How long: 5 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thomas F. Mooney

Address: Frostburg, Md.

Accident or Suicide?

LIBRARY BUREAU A6S316

Name in Full: Tillian Dan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumb — County: Alg.

Date of death: Month: May — Day: 4 — Age: Years: — Months: 1 — Days: —

Sex: Female — Color or Race: colored — Birthplace: Canada

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Oscar Dan. — Father's Birthplace: W. Va

Mother's Maiden Name: Rosa Lina — Mother's Birthplace: D. C.

Name of person giving In formation: Oscar Dan — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General dibility — How long: 3 week

Immediate: Malnutition — How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno. H. Dempsie

Address: [illegible]

Accident or Suicide?

LIBRARY BUREAU A89316

Name in Full: Still Infant Davis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: Month: 8 — Day: 15 — Year: 1904 — Age: Years: — Months: — Days: 1

Sex: Male — Color or Race: White — Birthplace: Cumberland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Grace Davis — Mother's Birthplace: Maryland

Name of person giving Information: S.S. Cox — How related to deceased: Nurse

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still birth — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G.M. Sloan

Address: Cumberland Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Miss Elisa Dawson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death 1904: Month: May; Day: 29; Age: Years: 65; Months; Days

Sex: Female; Color or Race: White; Birthplace

Married, Single or Widowed: Single; Occupation

Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma; How long —

Immediate: Exhaustion; How long —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F B. Hill & Dorsey

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Wm L. Dick

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: Month: May — Day: 16 — 1904

Age: Years: 35 — Months: — Days: —

Sex: Male

Color or Race: White

Birthplace: —

Occupation: Laborer

Where Residing if not at place of death: - Piedmont W. Va.

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Mr Henry

How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: R.R. Accident

How long: - 12 hours

Immediate: Shock

How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Spears

Address: Cumberland

Accident ~~or Suicide~~?

W.d

LIBRARY BUREAU A6615

Transportation to
Westernport

Name in Full: Margret Durst

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ednor — County: Allen

Date of death 1904: Month: May — Day: 24 — Age: Years: 64 — Months: +1 — Days: +

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Jennie Evans — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Disease of Brain — How long: 6 months

Immediate: Cerebral Hemorrhage — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Wiley.

Address: Brinklow Md.

~~Accident or Suicide?~~ Dr Wiley

LIBRARY BUREAU A88516

Name in Full: Duvall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Cumberland		County:		
Date of death 1904	Month: May	Day: 5	Age — Years: —	Months: —	Days: 1
Sex: Male	Color or Race: White		Birthplace: Md		
Occupation: —	Where Residing if not at place of death: —				
Married, Single or Widowed: —	Name of Wife or Husband: —				
Father's Name: Wm H Duvall			Father's Birthplace: Va		
Mother's Maiden Name: Henrietta Stouts			Mother's Birthplace: Va		
Name of person giving information: Wm H Duvall			How related to deceased: Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born at 5½ Months	How long: 1 Da	
Immediate: Still Born	How long: 1 Da	
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: Geo L Broadwater M.D.	
	Address: 98 Va Ave	
Accident or Suicide? N	Cumberland Md	

LIBRARY BUREAU A88516

Name in Full: Clifton Lewis Elliott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Savage — County: Allegany

Date of death 1904: Month: May — Day: 1 — Age: Years: 1 — Months: 4 — Days:

Sex: Male — Color or Race: W White — Birthplace: Mt Savage

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Clifton Elliott — Father's Birthplace: Md

Mother's Maiden Name: Mary K Lynch — Mother's Birthplace: Md

Name of person giving Information: Isabella Lynch — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Double Pneumonia — How long: 1 week

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. Alan G. Lemmon M.D.

Address: Mt Savage Md

Accident or Suicide? Accident

LIBRARY BUREAU A66516

Name in Full: Wm Travers Mace, Supposed to be Luke Garity

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County:

Date of death 190	Month	Day	Years	Months	Days
	5	17	Age 35		

Sex: Male — Color or Race: White — Birthplace:

Occupation: Unknown — Where Residing if not at place of death: Cumb'd

Married, ~~Single~~ or ~~Widowed~~: Unknown — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: G. S. Butler — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Killed on B. & O. R. by #0 — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician:

Address:

D. & O. Yard

Coroner

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: John Henry Goetz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumbd — County: Alleg

Date of death: Month: May — Day: 10 — Year: 1904

Age: Years: 11 — Months: — — Days: 3

Sex: Male — Color or Race: White — Birthplace: Canada

Occupation: — — Where Residing if not at place of death: —

~~Married, Single or Widowed~~ — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Deane — Father's Birthplace:

Mother's Maiden Name: Bernadie Goetz — Mother's Birthplace:

Name of person giving Information: " — " — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Meningitis — How long:

Immediate: Convulsions. Exhaustion — How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. W. Tackinson

Address: Cumberland Md.

Accident or Suicide?

LIBRARY BUREAU A66518

Name in Full: Nancy D. Hart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Piedmont — County: Mineral — W Va

Date of death 1904 — Month: 5 — Day: 25 — Years: Age 68 — Months: 11 — Days: 25

Sex: Female — Color or Race: White — Birthplace: W Va

Married, Single or Widowed: Widow — Occupation: ✓

Name of Wife or Husband: Nancy D Hart

Father's Name: James Pleasants [illegible] — Father's Birthplace: Dont no

Mother's Maiden Name: ✓ — Mother's Birthplace: Dont no

Name of person giving In formation: John Hart — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long: +

Immediate: [redacted] — How long: +

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wilson

Address: Piedmont W Va

Accident or Suicide?

LIBRARY BUREAU A36316

Name in Full: Lillian Hawke

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cumberland — County: Allegany

Date of death 190 4 — Month: May — Day: 3 — Age — Years: 1 — Months: 2 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Cumberland

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: John Hawke — Father's Birthplace: Harpers Ferry

Mother's Maiden Name: Alice Lanchester — Mother's Birthplace: " "

Name of person giving In formation: John Hawke — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Double Pneumonia — How long: 3 days

Immediate: Exhaustion — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. L. Barksdale M.D.

Address: Cumberland Md.

Was death by Suicide? —

Name in Full: Eva Cornelius Hess

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt. Savage — County: Allegany

Date of death 190 — Month: May — Day: 20 — Age: Years — Months: 4 — Days:

Sex: Female — Color or Race: White — Birthplace: Mt. Savage Md

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Cornelius Hess — Father's Birthplace: Mt. Savage Md

Mother's Maiden Name: Hattie Holtzman — Mother's Birthplace: Mt. Savage Md.

Name of person giving information: H. C. Hess — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchytes — How long: 4 Day

Immediate: Broncho-pneumonia — How long: 5 Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Quarles

Address: Mt. Savage Md.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Michael Hogan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cumb | County: Allegh

Date of death: 1904 | Month: May | Day: 4 | Age: Years: 60 | Months: — | Days: —

Sex: male | Color or Race: White | Birthplace: Ireland

Occupation: Laborer | Where Residing if not at place of death: —

Married, Single or Widowed: married | Name of Wife or Husband: Mary Hogan

Father's Name: — | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving Information: John Hogan | How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Liver | How long: —

Immediate: Exhaustion | How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos V. Koyd

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Mary Holsinger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eckhart — County: Allegany

Date of death 1904: Month: May — Day: 19th — Age: Years: 74 — Months: 8 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Fred Holsinger

Father's Name: Fred Holtschneider — Father's Birthplace: [illegible] Germany

Mother's Maiden Name: Mary Lafer Lingle — Mother's Birthplace: [illegible]

Name of person giving information: Joseph Gorton — How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Parenchymatous Nephritis — How long: two months.

Immediate: Pulmonary Oedema — How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. H. Johnson

Address: Oakland Maryland

Accident or Suicide?

LIBRARY BUREAU A88516

4-7-60

Name in Full: James G. Hounshelder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death: 1904 — Month: May — Day: 3

Age: Years: 0 — Months: — — Days: —

Sex: Male

Color or Race: W

Birthplace: W. Va.

Occupation: Laborer

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Thomas Hounshelder

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: Thomas Hounshelder

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Do not Know M.D.

How long: 3 wks

Immediate: Septicaemia

How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. F. Thorp M.D.

Address: Cumberland Md

Accident or Suicide? No

LIBRARY BUREAU R4J816

Name in Full: James Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Savage — County: Allegany

Date of death 1904: Month: May — Day: 16 — Years: 66 — Months: + — Days: +

Sex: Male — Color or Race: White — Birthplace: Washington D.C.

Married, Single or Widowed: Single — Occupation: Black. Smith

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: James E. Barrett — How related to deceased: nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 1 year

Immediate: Bronchitis — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Quarles

Address: Mt. Savage Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Garner B. Johnson (10 yr -2 mo)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County:

Date of death: Month: 5; Day: 23; 1904

Age: Years: 13; Months: 10; Days:

Sex: Male

Color or Race: Caucasian

Birthplace: Frankville Md.

Occupation: School-child.

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Baker Johnson

Father's Birthplace: Garrett Co. Md

Mother's Maiden Name: Rebecca Johnson

Mother's Birthplace: " "

Name of person giving Information: Baker Johnson

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis

How long: 2 months

Immediate: " exhaustion

How long: 4 "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Friel

Address: Frostburg Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Duck

Name in Full: Zacharias Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death 1 90: Month: May — Day: 11 — Age: Years: 94 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Freadrick Co

Occupation: Retired Merchand — Where Residing if not at place of death: Cumberland Md

Married, Single or Widowed: Married — Name of Wife or Husband: Susan R Kephart

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Jack Lancy — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexia — How long: 4 weeks

Immediate: Coma — How long: 2 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G H Brace

Address: Cumbd Md

Accident or Suicide?

LIBRARY BUREAU A08516

1904

Name in Full: Wm Kirby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eckhart — County: Allg

Date of death: 1904 — Month: May — Day: 29 — Age: Years: 65 — Months — Days

Sex: M — Color or Race: W — Birthplace: Ireland

Occupation: Miner — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: Margrett Parks

Father's Name: Kirby — Father's Birthplace: Ireland

Mother's Maiden Name: — Mother's Birthplace: Ireland

Name of person giving Information: Wife — How related to deceased: Wife

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Six days

Immediate: Pneumonia — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Griffith

Address: Frostburg Md

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: Maud anna Kitzmiller

CERTIFICATE OF

Died at — Town: Cumberland — County: — MARYLAND

Date of death: Month: May — Day: 25 — Years: 1904 — Age: 29 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Daniel T. Kitzmiller

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Daniel T. Kitzmiller — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis + Septicaemia — How long: 6 weeks

Immediate: Heart Failure — How long: 1 hr

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. L. Broadwater M.D.

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A8s516

Name in Full: Mrs Emma Mc Cusker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Savage — County: Allegany

Date of death 1904 — Month: May — Day: 6

Age — Years: 32 — Months: 2 — Days:

Sex: Female — Color or Race: White — Birthplace: Pa

Married, ~~Single or Widowed~~: married — Occupation: Housewife

Name of ~~Wife or~~ Husband: Jos Mc'Cusker

Father's Name: Benton Bridges — Father's Birthplace: Pa

Mother's Maiden Name: Annie Miller — Mother's Birthplace: Pa

Name of person giving In formation: Walter L Holtzman — How related to deceased: Brotherinlaw

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pregnancy — How long: 6 mos

Immediate: Uremic Poisoning — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Alan E. Murray M.D.

Address: Mt Savage Md

Accident or Suicide? Accident

LIBRARY BUREAU A88516

Name in Full: Ernest Howard Mahany

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: Month: May; Day: 6; 1904

Age: Years: 19; Months: —; Days: —

Sex: male; Color or Race: White; Birthplace: Cumberland

Occupation: Student; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: J. H. B. Mahany; Father's Birthplace:

Mother's Maiden Name: Mrs Annie; Mother's Birthplace:

Name of person giving information: J H B Mahany; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: poisoning Chloroform; How long: 1 Hour

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. N. Power, MD

Address: Cumberland

Accident or Suicide?

LIBRARY BUREAU A65516

Name in Full: Ella Meisel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd — County: Allegany

Date of death: Month: May — Day: 9 — 1904

Age: Years: 40 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Home wife — Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed — Name of Wife or Husband: John Meisel

Father's Name: Edward Flynn — Father's Birthplace: Ireland

Mother's Maiden Name: Deane — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Debilitated Condition due to Overwork — How long: Some months

Immediate: Nervous fever-Exhaustion — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Drs Spear Dunnel Wiley

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88516

6 children

22 Jones St

Name in Full: Helen Meister

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb — County: Allegany

Date of death 190 4 — Month: 5 — Day: 11 — Age: Years: — Months: 13 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Lawrence Meister — Father's Birthplace: Md

Mother's Maiden Name: Elsie Zimmerman — Mother's Birthplace: Pa

Name of person giving Information: John Meister — How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

(2) Primary: Capillary Bronchitis — How long: 2 mos

(1) Immediate: Pertussis — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? 4-10

Signature of Physician: R. V. Brace

Address: Cumbd Md 317 N Centre St

Accident or Suicide? Dr Brace

LIBRARY BUREAU A88516

Name in Full (Infant) Mock

CERTIFICATE OF DEATH

MARYLAND

Died at Town Cumberland County

Date of death 1904 Month May Day 24 Age Years — Months — Days 6

Sex Male Color or Race White Birthplace city

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Edw Mock Father's Birthplace W Va

Mother's Maiden Name Lida B Mock Mother's Birthplace W Va.

Name of person giving information Lida B Mock How related to deceased Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Weak Premature Child (wt 7" lbs) How long 6 days

Immediate Exhaustion How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Geo. L. Broadrup M.D.

Address 68 Va Ave Cumberland Md

Accident or Suicide? No.

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Name in Full: Clarence D. Morse.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb — County: Allegany.

Date of death: Month: May — Day: 19 — 1904 — Age: Years: 16 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: Martinsburg

Occupation: Student — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Peter H Morse. — Father's Birthplace: Md

Mother's Maiden Name: Ellen Kerns. — Mother's Birthplace: Md

Name of person giving Information: Peter H Morse — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Appendicitis — How long: 5 days

Immediate: Gangrene of bowel — How long: 36 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E B Clay Todd M D

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: John Mullaly

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt. Savage — County: Allegany

Date of death 1904 — Month: May — Day: 26 — Years: 25 — Months: 11 — Days:

Sex: male — Color or Race: White — Birthplace: Mt. Savage Md

Married, Single or Widowed: Married — Occupation: Coal miner

Name of Wife or ~~Husband~~: Mary Ann Lynch

Father's Name: Patrick Mullally — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Mary Ann Mullally — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Fracture Symphysis Pubis - Ruptured bladder — How long: 10 days

Immediate: Sepsis — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Quailey

Address: Mt. Savage Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Sarah Ann Mussetter

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Allegany — County: Allegany

Date of death 190 4 — Month: May — Day: 7

Age — Years: 82 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace:

Married, Single or Widowed: Widow — Occupation: Light housework

Name of Wife or Husband: Joseph Mussetter

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Henry Steel — How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile burns — How long:

Immediate: Exhaustion with shock — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Coley

Address: Frostburg Md

Accident or Sulcide?

f. 7. Cr.

Name in Full James A. Nicklin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland Md. — County: Allegany

Date of death 1904	Month	Day	Age	Years	Months	Days
	5	19		58		

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White		Birthplace: Va
Occupation: Clerk	Where Residing if not at place of death		
Married, Single or Widowed: Married	Name of Wife or Husband: Lydia Perry		
Father's Name: W. E. Nicklin			Father's Birthplace: Va
Mother's Maiden Name: Elizabeth Noe			Mother's Birthplace: Va
Name of person giving Imformation: Lydia Nicklin			How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-Pneumonia	How long: 4 days.
Immediate: Exhaustion	How long:
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: J. W. Yonkman
	Address: Cumberland Md.
Accident or Suicide?	

LIBRARY BUREAU A88516

Name in Full: Elizabeth Nightingale

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing; County: Allegany

Date of death 1904: Month: May; Day: 26; Age: Years: 69; Months: —; Days: 8

Sex: Female; Color or Race: White; Birthplace: England

Married, Single or Widowed: Widow; Occupation: —

Name of ~~Wife~~ Husband: Daniel Nightingale Sr.

Father's Name: Henry Stollen; Father's Birthplace: England

Mother's Maiden Name: Sonjoa Trunter; Mother's Birthplace: "

Name of person giving Information: Charles Borden; How related to deceased: Son-in-Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility; How long:

Immediate: Cerebral Hemorrhage; How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: M. Gibson Borden

Address: Lonaconing Md

Accident or Suicide? No

LIBRARY BUREAU A86616

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Cumberland County: Allegany

Date of death: Month: Jan Day: 17 1904

Age: Years: — Months: — Days: 1

Sex: Female Color or Race: Black Birth-place: Cumbd Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: W. H. Pearson Father's Birthplace: Md

Mother's Maiden Name: Alice Beck Mother's Birthplace: W Va

Name of person giving In formation: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth How long: —

Immediate: — How long: —

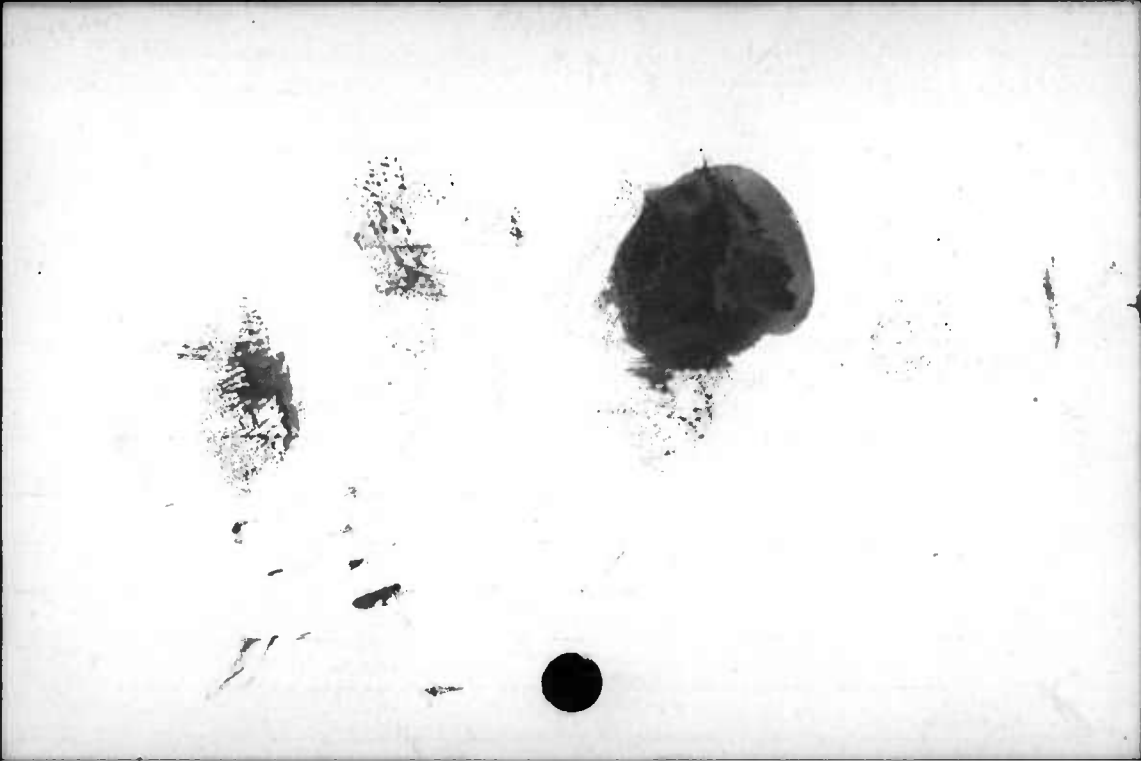
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Twigg

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A68816



Name in Full: Raphiel Pendergast

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb[illegible] County: Alleg[illegible]

Date of death	Month	Day	Age Years	Months	Days
1904	May	1	3	4	

Sex: male | Color or Race: White | Birthplace: Cumb[illegible]

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	S. P. Pendergast	Father's Birthplace	Md
Mother's Maiden Name	Margie Donahue	Mother's Birthplace	Md
Name of person giving information	S. P. Pendergast	How related to deceased	Father

CAUSES OF DEATH

Primary	Measles	How long	3 days
Immediate	Convulsions	How long	2 hrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Smith

Address: Dr

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Joseph A. Porter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing County: Allegany

Date of death 190 4: Month: May Day: 19

Age: Years: 8 Months: Days:

Sex: Male Color or Race: White Birthplace: Lonaconing,

Married, Single or Widowed: Single Occupation: Schoolboy

Name of Wife or Husband: —

Father's Name: Joseph C. Porter (deceased) Father's Birthplace: Fort Savage

Mother's Maiden Name: Amanda Pugh (") Mother's Birthplace: —

Name of person giving information: Jos. M. Lowman How related to deceased: Aunt,

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever How long: Six weeks

Immediate: Intestinal perforation How long: 48 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. R. Skilling, M.D.

Address: Lonaconing,

Accident or Suicide? No,

LIBRARY BUREAU A66815

Name in Full: Julia Pucer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frostburg; County: Allegany

Date of death 1904: Month: May; Day: 1

Age: Years: 58; Months: 5; Days:

Sex: Female; Color or Race: White; Birth-place: Frostburg Md

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: Wm. D. Pucer

Father's Name: Geo. Keagler; Father's Birthplace: Germany

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving In formation: Daniel C. Pucer; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Interstitial Nephritis; How long: 2 years

Immediate: Rheumatism Hypertrophy Congestion & Asphyxia; How long: Several weeks

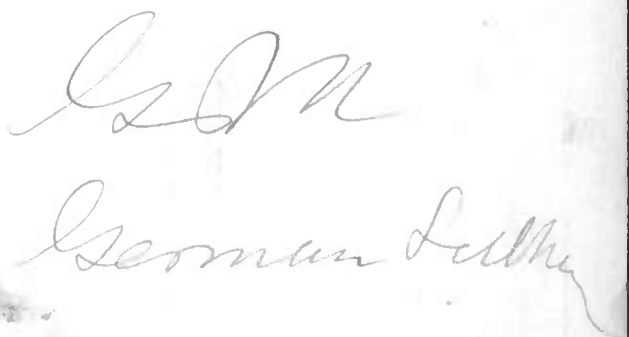
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Coberly

Address: Frostburg Md

Accident or Suicide? No

LIBRARY BUREAU A88818



Name in Full: Joseph Paul Rice

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumb — County: Allegh

Date of death: Month: May — Day: 3 — 1904

Age: Years: — Months: 11 — Days: —

Sex: Male — Color or Race: White — Birthplace: Cumb

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: A. J. Rice — Father's Birthplace: Md

Mother's Maiden Name: N. Winfield — Mother's Birthplace: Cumb

Name of person giving information: A J Rice — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: —

Immediate: Pneumonia — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: [illegible] Cumberland Md

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Ida May Ridenbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Alleghany

Date of death 1904 — Month: May — Day: 16 — Age — Years: 26 — Months: 6 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Franklin Co Pa

Occupation: House-wife — Where Residing if not at place of death: Home

Married, Single or Widowed: Married — Name of Wife or Husband: George W Ridenbaugh

Father's Name: Thos. Moser — Father's Birthplace: —

Mother's Maiden Name: Mary Jane Reed — Mother's Birthplace: Pa

Name of person giving Imformation: George W Ridenbaugh — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 11 Months

Immediate: Exhaustion — How long: Several days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. L. Barndall

Address: 116 Fa. ave City.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: George C. Rinker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emm — County: Allegany

Date of death: Month: 5 — Day: 30 — Year: 1904

Age: Years: 74 yrs — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Pa

Occupation: Butcher — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: David Rinker — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Organic Heart Disease — How long: about two years

Immediate: Dropsy — How long: Some months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Wood Brown

Address: Cumberland Md

Accident or Suicide? —

LIBRARY BUREAU A66516

Name in Full: Bessie Victoria Rizer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt. Savage — County: Allegany

Date of death 1904 — Month: May — Day: 25 — Years: 2 — Months: 6 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Mt. Savage Md

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Balch Rizer — Father's Birthplace: Mt. Savage Md

Mother's Maiden Name: Mary M. McVicker — Mother's Birthplace: W. Va.

Name of person giving information: J. B. Rizer — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Worms — How long: 2 mos.

Immediate: Probably strangled by worms — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Lewallen

Address: Mt. Savage Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Victoria Robertson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ocean — County: Allegany

Date of death 1904 — Month: May — Day: 25

Age ~~Years~~ — Months: 11 — Days: 20

Sex: Female — Color or Race: White — Birthplace: Ocean Md

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Claude Robertson — Father's Birthplace: Ocean

Mother's Maiden Name: Hester Stevenson — Mother's Birthplace: "

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long: Instant

Immediate: Drowning — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A G Smith M D

Address: Midland Md

Accident or ~~Suicide~~? Accident

LIBRARY BUREAU A28518

Lot 7 May —

Allegany Cemetery —

Name in Full: Clara Regina Roby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: So Cumberland; County: Allegany

Date of death: 1904 Month: May Day: 2 Years: 0 Months: 10 Days: 24

Sex: Female Color or Race: White Birthplace: Allegany Co Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John H Roby Father's Birthplace: W. Va.

Mother's Maiden Name: Polly E Butler Mother's Birthplace: Va.

Name of person giving Information: Jno H Roby How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Measles + Whooping cough How long: 6 weeks

Immediate: Exhaustion from Convulsions How long: 1 da

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo L. Broadwater M.D.

Address: 282 Va ave

Accident or Suicide? No

Cumberland Md.

LIBRARY BUREAU A88518

Name in Full: Christopher T. Shrives

CERTIFICATE OF DEATH

Died at Town: Borden Mine County: Allegany MARYLAND

Date of death: Month 5. Day 14 1904

Age: Years 75 Months — Days —

Sex: M. Color or Race: W. Birthplace: Germany

Occupation: Laborer

Where Residing if not at place of death:

Married, ~~Single~~ or Widowed

Name of Wife or ~~Husband~~: Lucetta Shrives

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Alonzo Shrives

How related to deceased: Grandson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uraemia Coma — How long: 12 hours

Immediate: Bright's Disease — How long: 1½ yr.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. McLane M. D.

Address:

Accident or Suicide?

LIBRARY BUREAU A68515

Name in Full: Mrs Marion Frances Smoot

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westernport — County: Alleghany

Date of death 1904: Month: May — Day: 12 — Age: Years: +49 — Months: +11 — Days: +4

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: married — Occupation: Housewife

Name of Wife or Husband: N. R Smoot

Father's Name: Hiram Tracy — Father's Birthplace: Maryland

Mother's Maiden Name: Mary A. Thrasher — Mother's Birthplace: Maryland

Name of person giving Information: W A Shuey — How related to deceased: not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion & Nourasy ia — How long: 12 or 18 months

Immediate: Paralysis of Heart — How long: two minutes

Are the name, age, sex, color, date and place correctly given above? They are.

Signature of Physician: W A Shuey

Address: Piedmont W. Va

Accident or Suicide? no

LIBRARY BUREAU A88816

Name in Full: Virginia C. Snively

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Vienna Post Office — County: Allegany

Date of death 1904: Month: May — Day: 5th

Age: Years: 72 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Va

Married, Single or Widowed: Single — Occupation

Name of Wife or Husband

Father's Name: Jacob Snively — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia. — How long: 3 days

Immediate: Exhaustion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos. A. Fossin M.D.

Address: Vienna Post Office

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mrs Henry Stenson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gilmore — County: Allegany

Date of death 1904: Month: May — Day: 14 — Age: Years: 32 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Midland Md

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Henry Stenson

Father's Name: Edgar Stallick — Father's Birthplace: England

Mother's Maiden Name: Rhoda Hocking — Mother's Birthplace: England

Name of person giving information: Mrs Jno R Stallick — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: Nine days

Immediate: Pericarditis — How long: 48 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. R. Skilling

Address: Lonaconing

Accident or Suicide? No.

LIBRARY BUREAU A88516

Name in Full: Jessie A Stewart

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Gilmore — County: Allegany

Date of death 190 4 — Month: May — Day: 13

Age — Years: — Months: 9 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Chester Pa

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Ronald Stewart — Father's Birthplace: England

Mother's Maiden Name: Mary Dick — Mother's Birthplace: Scotland

Name of person giving information: Ronald Stewart — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capillary Bronchitis — How long: 3 weeks

Immediate: Meningitis (Central) — How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Skilling

Address: Lonaconing

Accident or Suicide? No,

LIBRARY BUREAU A36316

Name in Full: J. W. Gulland, Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumb'd — County: Allegany

Date of death	Month	Day	Years	Months	Days
1904	May	12	Age 1	9	

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife of Husband:

Father's Name: J. W. Gulland — Father's Birthplace:

Mother's Maiden Name: Bessie Hart — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlet Fever. — How long: 16 days.

Immediate: Meningitis Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A H Hawkins.

Address: Cumberland, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Margaret Swack

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death 1904 — Month: 5 — Day: 31 — Age: Years: 15 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Swack — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Joseph Swack — How related to deceased: —

CAUSES OF DEATH

Primary: — How long: —

Immediate: Killed by #46 - B&O — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: —

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Supposed to be Silvio Tassoni

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: Month: 5; Day: 27; 1904

Age: Years: 23; Months: ~~May~~; Days: ~~27~~

Sex: male

Color or Race: White

Birthplace: Italy

Occupation: unknown

Where Residing if not at place of death: Cumberland

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: unknown

Father's Birthplace: Italy

Mother's Maiden Name: unknown

Mother's Birthplace: Italy

Name of person giving information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: R R accident By Cars

How long:

Immediate: Shock

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician:

Address: [redacted]

Coroner

Accident or ~~Suicide~~?

LIBRARY BUREAU A68516

Name in Full: John Price Tennant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Borden Shaft — County: Allegany

Date of death: Month: May — Day: 24 — 1904

Age: Years: 6 — Months: — — Days: —

Sex: male — Color or Race: White — Birth-place: Borden Shaft Md.

Occupation: Driver in Mines — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: James Tennant — Father's Birthplace: Allegany Co Md

Mother's Maiden Name: Elizabeth Price — Mother's Birthplace: Scotland

Name of person giving Information: Roger Tennant — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J A Ogden

Address: Frostburg Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A66816

Allyany Cun

Name in Full: Cumberland Md

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arcangelo — County: Tricarico

Date of death: Month: May — Day: 8 — Year: 1904 — Age: Years: 35 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: Italy

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving In formation: Frank Malonado — How related to deceased: none.

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Drs. Wailes) per (Fas.)

Address: Cumbd. Md.

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Bonnie May Valentine

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland | County: Allegany

Date of death 1904: Month: May | Day: 15 | Age: Years: 2 | Months: 4 | Days:

Sex: Female | Color or Race: White | Birthplace: Md

Occupation: Housework | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of ~~Wife or~~ Husband: Layton Valentine

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace: —

Name of person giving information: Layton Valentine | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles Pneumonia | How long:

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L. L. Broomall

Address:

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Conrad Henry Wagoner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmit — County: Allegany

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: May	Day: 20	Age: Years: 22	Months: 7	Days: 22
Sex: male	Color or Race: White		Birthplace: Emmit		
Occupation: Laborer	Where Residing if not at place of death: 1				
Married, Single or Widowed: Single	Name of Wife or Husband:				
Father's Name: Dead			Father's Birthplace:		
Mother's Maiden Name: Sophia Wagoner			Mother's Birthplace: Germany		
Name of person giving information: 11	11		How related to deceased: Mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis	How long
Immediate: Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: T. B. McDonald
	Address: [redacted]
Accident or Suicide?	

LIBRARY BUREAU A86616

Name in Full: Thomas Watkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Savage, County: Allegany

Date of death 1904: Month: May, Day: 30; Age: Years: 29, Months, Days

Sex: Male; Color or Race: White; Birthplace

Married, Single or Widowed: Married; Occupation: Clay-miner

Name of Wife or ~~Husband~~

Father's Name: Richard Watkins; Father's Birthplace: Cornwall. Eng.

Mother's Maiden Name: Edith Jenkins; Mother's Birthplace: Cornwall. Eng.

Name of person giving Information: Wm H. Young; How related to deceased: Brother-in-Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Fall of Coal & Slate in Clay mine; How long: Few minutes

Immediate: Probably both Crushed & suffocated; How long: Few Minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Quarles

Address: Mt. Savage. Md.

Accident ~~or Suicide?~~ Accidental

PHYSICIAN OR CORONER

LIBRARY BUREAU A86516

Name in Full: Mary Weir

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Savage — County: Allegany

Date of death 190 7 — Month: May — Day: 24 — Age: Years 65 — Months 3 — Days

Sex: Female — Color or Race: White — Birthplace: Pa

Married, ~~Single or Widowed~~: Married — Occupation: Housework

Name of ~~Wife or~~ Husband: Thomson Weir

Father's Name: Jacob Hochstetler — Father's Birthplace: Pa

Mother's Maiden Name: Catherine Ickenberger — Mother's Birthplace: Pa

Name of person giving information: Thomson Weir — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralytic Stroke — How long: 2 years

Immediate: Complete Paralysis — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Alan E. Murray

Address: Mt Savage Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mrs Mary Willison

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cumberland — County: Allegany

Date of death: Month: May — Day: 11 — 1904

Age: Years: 78 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Widow — Where Residing if not at place of death: Cumberland Md

Married, Single or Widowed: widowed — Name of Wife or Husband: Hanson Willison

Father's Name: Adam Hoberock — Father's Birthplace: Germany

Mother's Maiden Name — Mother's Birthplace: Germany

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pneumonia — How long: 4/2 weeks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno Dillon

Address: Cumberland Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Wm C Woodward

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Blue Avon — County: Allegany

Date of death: Month: 5 — Day: 22 — 1904

Age: Years: 56 — Months: 6 — Days: 22

Sex: Male — Color or Race: White — Birthplace: England

Occupation: Miner — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or ~~Husband~~: Mary Woodward

Father's Name: — — Father's Birthplace: England

Mother's Maiden Name: — — Mother's Birthplace: England

Name of person giving Information: Jos Woodward — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: asthma — How long: 1 yr

Immediate: Dropsy Weak — How long: 2 wks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F L Clymer

Address: Midlothian Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Infant unknown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland — County: Allegany

Date of death 1900 — Month: Jan — Day: 9 — Age: Years: 1 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Unknown

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

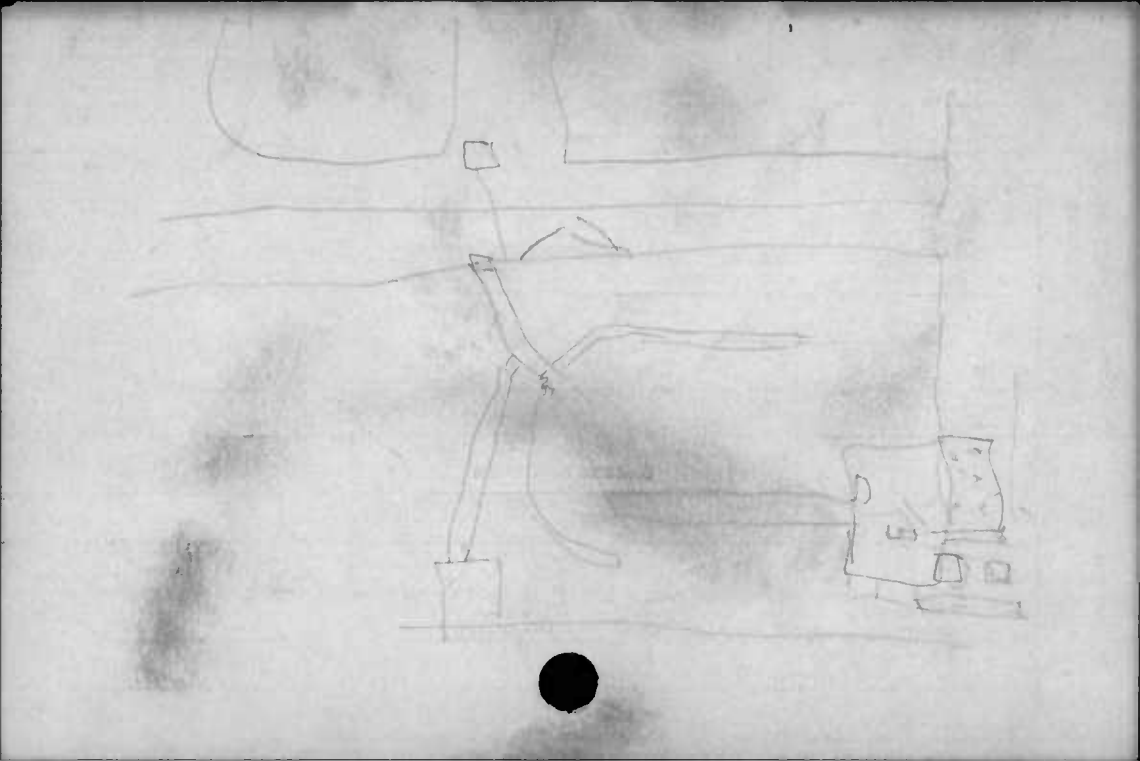
Primary: Found on ash-pile — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James E. O'Neal

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A88815